

Fee Only

Attorney's Docket No.: 07319-097002

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant : Jeremiah J. Harris
 Serial No.: 10/616,481
 Filed : July 8, 2003
 Title : THREE COLOR DIGITAL GOBO SYSTEM

Art Unit : 2874
 Examiner : Brian Healy

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JUL 21 2004
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Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

TRANSMITTAL LETTER AND PETITION FOR AUTOMATIC EXTENSION

Correspondence relating to this application is enclosed.
 The required fees are computed below. Please apply \$712 and any
 charges not covered, or any credits, to Deposit Account No. 06-
 1050.

Total Claims	48	-	48	=	0	\$0
Independent	13	-	6	=	7	\$602

Applicant hereby petitions under 37 C.F.R.
 \$1.136 for a 1 month extension of time.

\$110

TOTAL FEE DUE

\$712

Respectfully submitted,

Date: July 21, 2004

[Signature]
 Scott C. Harris
 Reg. No. 32,030

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10418033.doc

CERTIFICATE OF TRANSMISSION BY FACSIMILE

I hereby certify that this correspondence is being transmitted by
 facsimile to the Patent and Trademark Office on the date indicated
 below.

Date of Transmittal

Signature

Typed or Printed Name of Person Signing Certificate

PAGE 2/23 * RCVD AT 7/21/2004 9:53:29 PM [Eastern Daylight Time] * SVR:USPTO-EFXXF-1/0 * DNIS:8729306 * CSID:1 858 678 5099 * DURATION (mm-ss):07-18

07/29/2004 CPARIS 00000002 061050 10616481

01 FC:1201 602.00 DA
 02 FC:1251 110.00 DA

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number

10/616481

CLAIMS AS FILED - PART I

	(Column 1)	(Column 2)
TOTAL CLAIMS		
FOR	NUMBER FILED	NUMBER EXTRA
TOTAL CHARGEABLE CLAIMS	minus 20 = *	
INDEPENDENT CLAIMS	minus 3 = *	
MULTIPLE DEPENDENT CLAIM PRESENT <input type="checkbox"/>		

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

10/20/03

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 48	Minus ** 20	= 28
Independent	* 6	Minus *** 3	= 3
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

SMALL ENTITY TYPE ☐

OR OTHER THAN SMALL ENTITY

RATE	FEE
BASIC FEE	375.00
X\$ 9=	
X43=	
+140=	
TOTAL	

RATE	FEE
BASIC FEE	750.00
X\$18=	
X86=	
+280=	
TOTAL	

SMALL ENTITY

OR OTHER THAN SMALL ENTITY

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	504
X86=	258
+280=	
TOTAL	
ADDITIONAL FEE	

7/21/04

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	* 48	Minus ** 48	= 0
Independent	* 13	Minus *** 6	= 7
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	602
+280=	
TOTAL	
ADDITIONAL FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total	*	Minus **	=
Independent	*	Minus ***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM <input type="checkbox"/>			

RATE	ADDITIONAL FEE
X\$ 9=	
X43=	
+140=	
TOTAL	
ADDITIONAL FEE	

RATE	ADDITIONAL FEE
X\$18=	
X86=	
+280=	
TOTAL	
ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.